Biological sciences tell us that Khazar Jews, and no other race, gets Tay-Sachs disease and Negroes, and no other race, gets sickle cell anemia

Genetic Diseases Disprove Racial Equality Lies

BY JOHN ROZMITAL

YOU WILL NEVER get Tay-Sachs disease unless you're an Ashkenazi (Khazar) Jew and the chances of getting sickle cell anemia are nil unless you're a Negro. Nordic, Slavic and Oriental races never get beta thalassemia because that's a genetic disease that is suffered only by Mediterranean people, especially by the Italians and Greeks.

The exclusivity of these diseases is certainly the most obvious evidence that biologically all human beings are not equal or identical. In all these diseases there is a genetic defect that is specific only to that racial group and to *no other race.*

It makes no difference where the person lives or his occupation or station in life. A susceptible Khazar Jew will get Tay-Sachs disease whether he lives in Eastern Europe, Israel or the United States. All Negroes carry the sickle cell gene whether they are living in Africa, the West Indies, England or the United States. Although the disease does not become active in all Negroes, it is genotypical of all Negroes—that is, it is hereditary fundamental to the constitution of the organism (Negro people). Similarly, only Mediterranean people get beta thalassemia (also known as Cooley's anemia) no matter where they live. In Italy it has

become common practice to screen children for evidence of the genetic defect that causes beta thalassemia. The children who do show the trait are then warned of the dangers of future marriage with another carrier.

Early in 1976, UNICO, the largest Italian-American service organization, started a drive to combat beta thalassemia which affects an estimated 200,000 American children of Italian and Greek ancestry.

A massive federally-supported education program was started several years ago to locate Negroes with sickle cell anemia or the trait.

The biggest education and screening program, however, is to locate Jews who are carriers of Tay-Sachs disease. About one in 30 Jews is a carrier.

The "Jewish Disease"

Tay-Sachs has become known in the vernacular as the major "Jewish disease." It is named for British opthalmologist Waren Tay, who first described the visual problems associated with the disease in 1881 and for New York neurologist Bernard Sachs who published the original clinical description six years later.

According to medical researchers, there are seven "Jewish diseases," the latest identified only this year. The National Foundation for Jewish Genetic Diseases last year listed the six Jewish genetic disorders as Tay-Sachs; Gaucher's disease, an inherited bone, cartilage and liver defect; dysautonomia, a severe nervous system disorder; Niemann-Pick disease, which also kills in childhood in most cases; Bloom's syndrome, which causes dwarfism; and a form of dystonia or severe distortion of the limbs, trunk and neck.

The seventh disease is a combination of mental retardation and eye disease called "mucolipidosis IV." Like the other six diseases, it affects only Ashkenazic Jews. Sephardic Jews—those who have inhabited Spain and Northern Africa and whose ancestors may have lived in Biblical Israel—are not susceptible to these seven "Jewish diseases."

The Ashkenazi or Khazar Jews, as considerable research has proved, are not really latter-day Judeans, but descendants of an Asiatic tribe which in the 10th and 11th centuries lived in Khazaria, a nomadic empire north of the Black and Caspian Seas.

That today's "Jew" is a Khazar, of mongol blood, unrelated to the Biblical Judean is proven conclusively in *Facts are Facts* Benjamin H. Freedman. (The Noontide Press, $2).

According to legend and recent historical proof, the latest being Arthur Koestler's *The Thirteenth Tribe: The Khazar Empire and Its Heritage* (Random House, 1976), the Khazars chose Judaism as their state religion as a kind of third force, as they were caught between Christianity of Byzantium and the Muslimism of the Arabs. Most historians now accept that Khazarian refugees, seeking haven from the invasion of Genghis Khan, migrated to Hungary and Poland in the 13th century.

The descendants of these Khazars, today's Eastern European Jews, are the only people susceptible to Tay-Sachs disease.

Victims Die at an Early Age

Tay-Sachs strikes at about the age of six months. The child begins to lose weight and energy rapidly, lying in bed for hours without changing his position. The chest becomes deformed, blindness sets in and the circumference of the head begins to increase. Severe brain deterioration follows. The child dies within months, though some linger until they are five.

Though a cure for Tay-Sachs does not seem close at hand, the mystery surrounding the ailment has been lifted in recent years. Medical researchers have known for some time that the apparent cause is an accumulation of fatty substances that obstruct the central nervous system, causing the blindness, paralysis, convulsions and mental retardation that generally precedes death.

In 1969, geneticists at the University of California at San Diego discovered the cause of this condition: an absent enzyme called hexosaminidase. This knowledge per-

mitted a screening program by the Jews throughout the United States. The test–analysis of blood sample–is relatively simple.

As with sickle cell anemia and beta thalassemia, there is risk of producing a defective child only when both parents are carriers. In those cases, the odds are 1 in 4 that the child will be doomed.

Dr. Michael M. Kaback, an associate professor in the School of Medicine at the University of California at Los Angeles, says that a child with Tay-Sachs will generate $100,000 to $150,000 in medical costs during the three or four years he lives.

Dr. Kaback, who is also associate chief of genetics at Harbor General Hospital in Torrance, California and directs the California Tay-Sachs Disease Prevention Program, notes that the basic nature of sickle cell anemia is understood much better than Tay-Sachs disease. But the glaring difference is that there's no way yet to prevent sickle cell anemia through early fetal diagnosis and selective termination of pregnancies.

Sickle Cell Anemia is a Negro Disease

In sickle cell anemia, a defect in the intricate chemical structure of hemoglobin reduces the oxygen supply to the red blood cells which assume a crescent shape. The sick cells are destroyed by the body, and the result is anemia. If one parent has the sickle cell trait, the child may have mild anemia, but if both parents are carriers, the child will have almost nothing but sickle cells and cannot survive beyond adolescence without extensive medical care. It is definitely an inherited condition, and is limited only to Negroes.

About 50,000 Negroes in the United States have the disease and an estimated 2,000,000 are carriers of the sickle cell trait.

Sickle cell carriers and Tay-Sachs carriers are now identified readily through blood testing, but if both prospective parents are carriers there is no way to determine which 1/4 of their pregnancies are likely to be affected. Unlike Tay-Sachs disease, however, sickle cell anemia cannot be identified by sampling the amniotic fluid in the pregnant woman. Only a blood sample from within the placenta at mid-pregnancy could give that information. Even at this late date abortion is often performed.

Genetic Diseases are Specific

The medical reports of the biased egalitarian researchers (repeated in the popular press) use such phrases as "disease occurs *mostly* among Jews" and "sickle cell anemia is *almost exclusively* a disease of the Blacks" to create the impression that anyone is susceptible to Tay-Sachs and sickle cell anemia.

The fact is that these are racial diseases. Only Khazar Jews can get Tay-Sachs disease and only Negroes can get sickle cell anemia. The deceitful semantics of today's "social scientists" cannot change the basic biological truth that all men are not created equal.

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